

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90018 030 \*\*\*\*61.25

0041376

DOCUMENT # 769840

1. Corporation Name

HAROLD STRASSER GOOD SAMARITAN MEMORIAL FUND, IN  
C.

Principal Place of Business

3540 FOREST HILL BLVD.  
101  
WEST PALM BEACH FL 33406  
US

Mailing Address

3540 FOREST HILL BLVD.  
101  
WEST PALM BEACH FL 33406  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/15/1983

4. FEI Number

59-2330802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DEDO, DOUGLAS, M.D.  
2401 PGA BLVD  
SUITE 100  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

TENNA A WILES

82 Street Address (P.O. Box Number is Not Acceptable)

3540 FOREST HILL BLVD. #101

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33406

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \* Tenna Wiles

TENNA WILES

3-16-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SCHILLINGER, BRENT M MD  
STREET ADDRESS 7280 W PALMETTO PK RD SUITE 207N  
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE D  
NAME WICKEN, JEAN  
STREET ADDRESS 3540 FOREST HILL BLVD #101  
CITY-ST-ZIP W PAL BCH FL

☒ DELETE

TITLE D  
NAME MARKS, V A M  
STREET ADDRESS 3370 BURNS RD, #100  
CITY-ST-ZIP PALM BEACH GARDENS FL

☒ DELETE

TITLE T  
NAME DEDO, DOUGLAS, M.D.  
STREET ADDRESS 2401 PGA BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME SEAN M. MALECKI  
1.3 STREET ADDRESS 826 EVERAIA ST.  
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

☒ Change

☐ Addition

2.1 TITLE D  
2.2 NAME TENNA WILES  
2.3 STREET ADDRESS 3540 FOREST HILL BLVD #101  
2.4 CITY-ST-ZIP WEST PALM BEACH FL 33406

☒ Change

☐ Addition

3.1 TITLE D  
3.2 NAME CLAY G BAYNHAM  
3.3 STREET ADDRESS 3401 PGA BLVD. #500  
3.4 CITY-ST-ZIP P. BEACH GARDENS, FL 33410

☒ Change

☐ Addition

4.1 TITLE D  
4.2 NAME BRADLEY S. FEUER  
4.3 STREET ADDRESS 4621 HUNTING TRAIL  
4.4 CITY-ST-ZIP LAKE WORTH, FL 33467

☒ Change

☐ Addition

5.1 TITLE S/D  
5.2 NAME ALAN B. PILLERS DORR  
5.3 STREET ADDRESS 1620 S. CONGRESS AVE. #100  
5.4 CITY-ST-ZIP WEST PALM BEACH, FL 33461

☐ Change

☒ Addition

6.1 TITLE T/D  
6.2 NAME STUART B. HIMMELSTEIN  
6.3 STREET ADDRESS 5258 LINTON BLVD. #206  
6.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

☐ Change

☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \* Tenna Wiles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

Date

561-433-3955

Daytime Phone #

CR2E037 (11/98)